

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 1 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

06-25-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.40(b), 42 CFR 441.50 &

42 CFR 441.57

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-6.6

Attachment 3.1-B, Page 2a-8.3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, New 04-26-99, TN#99-11

Same Page, New 04-26-99, TN#99-11

10. SUBJECT OF AMENDMENT:

Adding Assistive Technology to array of services allowed under Early Intervention Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Michael Fogarty

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

June 22, 2001

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, #124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

06-26-2001

18. DATE APPROVED:

09-24-2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

06-25-2001

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator

Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie WrightPen + ink change to effective date
per contact with Billie Wright

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDE
CATEGORICALLY NEEDY

4.b. EPSDT (continued)

- f. Speech Language evaluation: speech language evaluations must be provided by a State licensed speech language pathologist.
- g. Physical Therapy evaluation: Physical therapy evaluations must be provided by a State licensed physical therapist.
- h. Occupational Therapy evaluation: Occupational therapy evaluations must be provided by a State licensed occupational therapist.
- i. Psychological Evaluation and Testing: Psychological evaluation and testing must be provided by State licensed, board certified, psychologists; or school psychologists certified by the State Department of Education.
- j. Vision Screening: Visual examination must be provided by a State licensed Doctor of Optometry (O.D.) or licensed physician specializing in opthamology (M.D. or D.O.). At a minimum, must include diagnosis and treatment for defects in vision.
- k. Assistive Technology: The evaluation of a child with disabilities in order to recommend the proper assistive technology device. Services must be provided by a State licensed speech language pathologist, State licensed physical therapist, or State licensed occupational therapist.
- l. Child Guidance Treatment Encounter: This encounter may occur through the provision of individual, family or group treatment services to infants and toddlers who are identified as having specific disorders or delays in development, emotional or behavioral problems, or disorders of speech, language or hearing. These encounters are initiated following the completion of a diagnostic encounter and subsequent development of the Individual Family Services Plan (IFSP), and may include the following:

- (1.) Hearing and Vision Services:
- (2.) Speech Language Therapy Services
- (3.) Physical Therapy Services:
- (4.) Occupational Therapy Services:
- (5.) Nursing Services:
- (6.) Psychological Services
- (7.) Psychotherapy and Counseling Services:
- (8.) Assistive Technology

STATE <u>OKlahoma</u>	A
DATE REC'D <u>06-26-2001</u>	
DATE APPV'D <u>09-24-2001</u>	
DATE EFF <u>06-25-2001</u>	
HCFA 179 <u>OK-01-11</u>	

All services must be provided by properly certified and State licensed providers

Revised 06-25-01

TN# OK-01-11 Approval Date 09-21-2001 Effective Date 06-25-2001
Supersedes
TN# OK-99-11

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY

4.b. EPSDT (continued)

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- g. Physical Therapy Evaluation: Physical therapy evaluations must be provided by a State licensed physical therapist.
- h. Occupational Therapy Evaluation: Occupational therapy evaluations must be provided by a State licensed occupational therapist.
- i. Psychological Evaluation and Testing: Psychological evaluation and testing must be provided by State licensed, board certified, psychologists; or school psychologists certified by the State Department of Education.
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- (5.) Nursing Services:
- (6.) Psychological Services
- (7.) Psychotherapy and Counseling Services
- (8.) Assistive Technology

STATE <u>Oklahoma</u>	A
DATE REC'D <u>06-26-2001</u>	
DATE APP'VD <u>09-24-2001</u>	
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Revised 06-25-01

TN# OK-01-11
Supersedes
TN# OK-99-11

Approval Date 09-24-2001

Effective Date 06-25-2001



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 827
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

September 24, 2001

Our Reference: **SPA-OK-01-11**

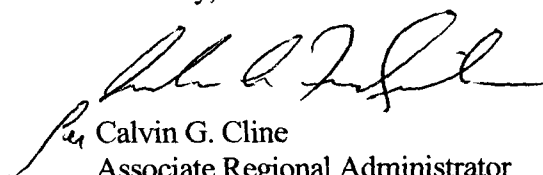
Mr. Jim Hancock, Director
Health Policy Division
Oklahoma Health Care Authority
4545 North Lincoln Blvd., Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Hancock:

We have enclosed a copy of HCFA-179, **Transmittal # 01-11**, dated June 22, 2001. This material adds assistive technology to the array of services allowed under Early Intervention Services. We have approved the amendment, as revised by E-mails received on September 14 and September 17, for incorporation into the official Oklahoma State Plan **effective June 25, 2001**.

If you have any questions, please contact Phil Koether at (214) 767-6405.

Sincerely,



Calvin G. Cline
Associate Regional Administrator
Division of Medicaid and State Operations

Enclosure

cc: Elliott Wesiman, CMSO
(Clearinghouse)